

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 582 558

FILING DATE

6-12-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		0		1		
5		0	1			
6		0	1			
7		0		1		
8		0	1			
9		0		1		
10		0	1			
11	1		1			
12		1		1		
13		1		1		
14		3		1		
15		0		1		
16		0	1			
17		0	1			
18		0	1			
19		0	1			
20		0		1		
21		0	1			
22		0	1			
23		0		1		
24		0		1		
25	1		1			
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49						
50						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	16	←		←
TOTAL CLAIMS			29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						